

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  09/16/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE CARE CENTER OF ELIZABETHTON

1841 HIGHWAY 19E  
ELIZABETHTON, TN 37643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to ensure a reliable sprinkler system water supply for each "building." The findings include: 1. Observation and record review with the Maintenance staff on September 16, 2013 at 10:15 a.m. confirmed the facility is a type V (111) combustible construction with a total of approximately 32,000 sqft. The facility is divided into three (3) fire zones by three (3) 4-hour rated fire walls. One dry pipe sprinkler riser branches provides sprinkler protection to all three fire compartments. 2. Observation with the Maintenance Staff, on September 16, 2013 at 2:15 pm confirmed the dry pipe sprinkler riser branches off in the attic and penetrates the 4-hour fire walls in the attic to supply all three fire zones with sprinkler protection. These findings were verified by the Maintenance Staff and acknowledged by the Administrator and Regional Vice President of Operations during the exit conference on September 16, 2013.</p>	N 831	<p>N831</p> <p>The issue regarding the sprinkler pipe penetrating a fire wall is under evaluation by the Board of Health Care Licensing by a sub-committee meeting planned for October 28, 2013. Under their direction, all action should be held in abeyance until the situation can be fully understood. Once we receive forward direction from the Board during their next full Board meeting, Life Care will submit a plan of correction in regard to the guidance given within 30 days from that final decision.</p>	
N 848 SS=D	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in</p>	N 848	<p>1. <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>On September 16, 2013, the maintenance assistant ordered an exhaust fan for the soiled linen storage room. The exhaust fan will be replaced by November 2, 2013, to ensure the soiled linen room maintains negative pressure.</p>	11/2/13

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6999

69HR21

If continuation sheet 1 of 2

OCT 07 2013

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  09/16/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE CARE CENTER OF ELIZABETHTON

1641 HIGHWAY 19E

ELIZABETHTON, TN 37643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	Continued From page 1  each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.  This Rule is not met as evidenced by: Based on observation and interview, it was determined soiled linen storage areas were maintained under a relative negative air pressure. The findings include: Observation of the laundry on September 16, 2013 at 2:10 p.m. confirmed the soiled linen storage room was at a positive pressure relative to the corridor.  This finding was verified by the Maintenance Staff and acknowledged by the Administrator during the exit conference on September 16, 2013.	N 848	2. <u>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u> a. All residents that reside in the facility have the potential to be affected by the alleged deficient practice. The maintenance assistant made rounds throughout the facility on September 16, 2013, to ensure all soiled linen rooms were maintaining a negative pressure. b. No other rooms were found to be affected by the alleged deficient practice. 3. <u>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</u> a. The director of maintenance will educate 100% of the maintenance assistants by November 2, 2013 regarding life safety regulation related to ensuring soiled linen rooms maintain negative pressure. b. The director of maintenance will make facility rounds to audit for compliance for 3 months and report results of audits to the executive director. 4. <u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place.</u> a. The executive director and the director of maintenance will present the results of the audits to the Performance Improvement Committee monthly. b. If it is deemed necessary by the committee, additional education may be provided, the process evaluated/revised, and/or the audits reviewed for 3 months or until 100% compliance is achieved. c. The Performance Improvement Committee consists of the executive director, the director of nursing, the medical director, the director of nursing, health information management director, director of maintenance, director of environmental services, the activities director, the social services director, the admissions director, and the pharmacy consultant.	11/2/13

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STATE FORM

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